

County: Marathon
CONTINENTAL MANOR
600 EAST ELM STREET

Facility ID: 2380

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ABBOTSFORD 54405 Phone: (715) 223-2359

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/00): 60

Total Licensed Bed Capacity (12/31/00): 60

Number of Residents on 12/31/00: 58

Ownership:

Highest Level License:

Operate in Conjunction with CBRF? No

Title 18 (Medicare) Certified? Yes

Average Daily Census: 60

Corporation

Skilled

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/00)				Length of Stay (12/31/00)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		31.0
Supp. Home Care-Personal Care	No					1 - 4 Years		48.3
Supp. Home Care-Household Services	No	Developmental Disabilities	3.4	Under 65	1.7	More Than 4 Years		20.7
Day Services	No	Mental Illness (Org./Psy)	32.8	65 - 74	10.3			-----
Respite Care	Yes	Mental Illness (Other)	6.9	75 - 84	29.3			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	48.3	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.7	95 & Over	10.3	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	1.7		100.0	(12/31/00)		
Other Meals	No	Cardiovascular	17.2	65 & Over	98.3	-----		
Transportation	No	Cerebrovascular	20.7		-----	RNs		10.7
Referral Service	No	Diabetes	5.2	Sex	%	LPNs		6.6
Other Services	Yes	Respiratory	0.0		-----	Nursing Assistants		
Provide Day Programming for Mentally Ill	No	Other Medical Conditions	10.3	Male	36.2	Aides & Orderlies		32.9
Provide Day Programming for Developmentally Disabled	No		100.0	Female	63.8			

					100.0			

Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Managed Care			Percent Of All Residents	
	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem		Total
			Rate			Rate			Rate			Rate			Rate		
Int. Skilled Care	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Skilled Care	5	100.0	\$247.00	41	95.3	\$87.03	0	0.0	\$0.00	9	90.0	\$129.00	0	0.0	\$0.00	55	94.8%
Intermediate	---	---	---	2	4.7	\$73.36	0	0.0	\$0.00	1	10.0	\$122.00	0	0.0	\$0.00	3	5.2%
Limited Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Disabled	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj.	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependent	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	5	100.0		43	100.0		0	0.0		10	100.0		0	0.0		58	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00				
				% Needing Assistance of	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	% Independent	One Or Two Staff		
Private Home/No Home Health	4.8	Daily Living (ADL)				
Private Home/With Home Health	4.8	Bathing	0.0	53.4	46.6	58
Other Nursing Homes	38.1	Dressing	27.6	37.9	34.5	58
Acute Care Hospitals	47.6	Transferring	39.7	29.3	31.0	58
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	34.5	31.0	34.5	58
Rehabilitation Hospitals	0.0	Eating	63.8	13.8	22.4	58
Other Locations	4.8	*****				
Total Number of Admissions	42	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter		5.2	Receiving Respiratory Care	0.0
Private Home/No Home Health	4.5	Occ/Freq. Incontinent of Bladder		55.2	Receiving Tracheostomy Care	0.0
Private Home/With Home Health	22.7	Occ/Freq. Incontinent of Bowel		48.3	Receiving Suctioning	0.0
Other Nursing Homes	2.3				Receiving Ostomy Care	1.7
Acute Care Hospitals	13.6	Mobility			Receiving Tube Feeding	0.0
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained		0.0	Receiving Mechanically Altered Diets	51.7
Rehabilitation Hospitals	0.0					
Other Locations	0.0	Skin Care			Other Resident Characteristics	
Deaths	56.8	With Pressure Sores		3.4	Have Advance Directives	82.8
Total Number of Discharges		With Rashes		0.0	Medications	
(Including Deaths)	44				Receiving Psychoactive Drugs	13.8

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	Ownership:			Bed Size:		Licensure:		All	
	Proprietary			50-99		Skilled		Facilities	
	This Facility	Peer Group	Ratio	Peer Group	Ratio	Peer Group	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	100.0	82.5	1.21	87.3	1.14	84.1	1.19	84.5	1.18
Current Residents from In-County	37.9	83.3	0.46	80.3	0.47	83.5	0.45	77.5	0.49
Admissions from In-County, Still Residing	11.9	19.9	0.60	21.1	0.56	22.9	0.52	21.5	0.55
Admissions/Average Daily Census	70.0	170.1	0.41	141.8	0.49	134.3	0.52	124.3	0.56
Discharges/Average Daily Census	73.3	170.7	0.43	143.0	0.51	135.6	0.54	126.1	0.58
Discharges To Private Residence/Average Daily Census	20.0	70.8	0.28	59.4	0.34	53.6	0.37	49.9	0.40
Residents Receiving Skilled Care	94.8	91.2	1.04	88.3	1.07	90.1	1.05	83.3	1.14
Residents Aged 65 and Older	98.3	93.7	1.05	95.8	1.03	92.7	1.06	87.7	1.12
Title 19 (Medicaid) Funded Residents	74.1	62.6	1.18	57.8	1.28	63.5	1.17	69.0	1.07
Private Pay Funded Residents	17.2	24.4	0.71	33.2	0.52	27.0	0.64	22.6	0.76
Developmentally Disabled Residents	3.4	0.8	4.47	0.7	4.72	1.3	2.75	7.6	0.45
Mentally Ill Residents	39.7	30.6	1.29	32.6	1.22	37.3	1.06	33.3	1.19
General Medical Service Residents	10.3	19.9	0.52	19.2	0.54	19.2	0.54	18.4	0.56
Impaired ADL (Mean)	50.7	48.6	1.04	48.3	1.05	49.7	1.02	49.4	1.03
Psychological Problems	13.8	47.2	0.29	47.4	0.29	50.7	0.27	50.1	0.28
Nursing Care Required (Mean)	7.1	6.2	1.16	6.1	1.17	6.4	1.10	7.2	0.99